MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AFTER AS FILED 2nd AMENDMENT IND. DEP. IND. DEP. IND. DEP. DEP. DEP. IND. DEP. DESCRIPTION OF THE PERSON OF T (1) Ö TOTAL TOTAL TOTAL )